

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019416

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 3 1963

## 1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)

TOWN Excelsior Springs

Length of stay in 1b

Lifetime

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION Excelsior Springs Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Clay

admission)

c. CITY

OR

TOWN

Excelsior Springs

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Southern Hotel

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Anderson

Middle

Otto

Last

Clevenger

4. DATE

OF

DEATH

Month

May 23, 1963

Day

Year

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

8-2-1881

## 9. AGE (last birthday)

81

## IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR.

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Farming

## 11. BIRTHPLACE (City and state or country)

Ray County, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Pittman Clevenger

## 13b. MOTHER'S MAIDEN NAME

Emma Loyd

## 14. NAME OF HUSBAND OR WIFE

None

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mr. Charles Allen, Orrick, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary sclerosis severe with myocardial ischemia  
Generalized arterio sclerosis

## INTERVAL BETWEEN ONSET AND DEATH

2 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from 1949 to 23 May '63 and last saw him alive on 22 May '63

Death occurred at 3:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

George E. Sanders M.D.

## 22b. ADDRESS

Excelsior Spgs. Mo.

## 22c. DATE SIGNED

5-24-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

5-24-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Crown Hill

## 23d. LOCATION (City, town, or county)

Excelsior Springs, Mo.

(State)

## 24. FUNERAL DIRECTOR

Prichard Funeral Home, Inc.

## 25. DATE RECD. BY LOCAL REG.

5-23-63

## 26. REGISTRAR'S SIGNATURE

Baroline Hutchings

Excelsior Springs, Missouri

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300  
Rev. 4/59

1 6001

2 6001

3 2

4 0

5 0

6

7 0

8 2

9 4201

10

11

12 2-0

13 1-0

Burial Permit Number 5-23-63 BH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*London Jarman*

Licensed Embalmer No.

*4589*

P. O. Address

*Excelsior Springs, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.